



Limerick Fire Company

390 W Ridge Pike, Limerick, PA 19468
Phone: (610) 489-2222



Application for Membership

Membership Preference (Choose One)

Junior Firefighter Senior Firefighter Fire Police Contributing

Personal Information:

First Name: _____ Last Name: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Cell/Home Phone: _____ E-Mail: _____ Male: _____ Female: _____

Employment Information:

Employer: _____ Position: _____
Employer's Address: _____
Employer's City, State, Zip: _____ Work Phone: _____

Emergency Contact:

Primary Contact: _____ Secondary Contact: _____
Relationship to Contact: _____ Relationship to Contact: _____
Contact Phone: _____ Contact Phone: _____

Driver's License & Vehicle Information:

Driver's License No: _____ Class: _____ Restrictions: _____ Expires: _____
Vehicle Make & Model: _____ Year: _____ Tag No: _____ State: _____

General Information:

Have you ever been refused membership in an emergency service organization? Yes No
Have you ever been discharged from an emergency service organization? Yes No
Have you ever been convicted of a crime? Yes No
Do you have any medical conditions that we should know about that might hinder or limit your participation in training or on the fire ground? Yes No

If "Yes" to any of the above, please explain below:

References:

Reference 1: _____ Phone: _____ Relationship: _____
Reference 2: _____ Phone: _____ Relationship: _____
Reference 3: _____ Phone: _____ Relationship: _____

List any fire, ambulance, or police organizations to which you have belonged to in the past:

Organization 1: _____ Officer in Charge: _____ Phone: _____
Organization 2: _____ Officer in Charge: _____ Phone: _____
Organization 3: _____ Officer in Charge: _____ Phone: _____
Organization 4: _____ Officer in Charge: _____ Phone: _____

List any emergency service training (fire, ambulance, police, etc.) and any other skills you would consider to be beneficial to our organization:

- I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if accepted, any false statement(s) shall be grounds for dismissal;
- I authorize the Limerick Fire Company to investigate any and all information on this application, and hereby authorize the named references to disclose such information, personal, or otherwise, as requested during this investigation. I agree to release all parties from liability as a result of the disclosure of the requested information;
- I understand that, if accepted, my membership is governed by the charter, bylaws, constitution, and the rules and regulations of the Limerick Fire Company;
- I agree to serve a probationary period as provided by the fire company's regulations;
- I realize that I may be requested to undergo a physical examination at the fire company's expense as a condition of my acceptance into the fire company,
- I understand that a five-dollar (\$5.00) application fee and a state criminal background check are due at the time of the scheduled interview, and will be returned to me if I am not accepted into membership.

The website for the criminal background check can be found <http://epatch.state.pa.us>

Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature (if under 18): _____ Date: _____